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RESPONSE UNDER 37 C.F.R. § 1.116 EXPEDITED PROCEDURE EXAMINING GROUP 3723 PATENTS

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Jahangir S. Rastegar et al.

Examiner:

Hadi Shakeri

Serial No:

10/658,949

**Art Unit:** 

3723

Filed:

September 10, 2003

Docket:

10002Z

For:

MANUALLY OPERATED

Dated:

March 31, 2005

IMPACT TOOL

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### **RESPONSE UNDER 37 CFR § 1.116**

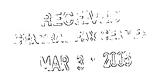
Sir:

In response to the Official Action dated December 1, 2004, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks:

### CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8

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Dated: March 31, 2005



#### OMNITEK Partners, LLC

# **FACSIMILE COVER SHEET**

TO:

Examiner Hadi Shakeri

DATE:

March 31, 2005

Thomas Spinelli

**Group 3723** 

11

FROM:

Reg. No. 39,533

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703 872-9306

RE:

S/N 10/658,949 Filed 09/10/2003

The following are being facsimile transmitted to the United States Patent and Trademark Office on March 31, 2005:

Transmittal Form PTO/SB/21 Response to Office Action Dated December 1, 2004 Fee Transmittal Form PTO/SB/17 Petition For Extension of Time Form PTO/SB/22

Credit Card Payment Form PTO-2038

Docket No.: 10002Z

Jahangir S. Rastegar et al.

Title: MANUALLY OPERATED IMPACT TOOL

March 31, 2005

Applied Technology Center 111 West Main Street Bayshore, NY 11706 Tel.: (631) 665-4008

Fax: (631) 754-1027

| Under the Papenwork Reduction Act of 199   |  | a are enquired to resour   | U.S. P          |            |  |      | PTO/SB/21 (09-04) ugh 07/31/2006. OMB 0651-0031 DEPARTMENT OF COMMERCE blays a valid OMB control number. |  |  |  |  |
|--|--|--|-----------------|------------|--|------|--|--|--|--|--|
| Under the Panerwork Reduction Act of 199   | o no person  | Application Numb   | er              | 10/658,949 |  |      |  |  |  |  |  |
| TRANSMITTAL  | Filing Date September 10, 2003   |  |                 |            |  |      |  |  |  |  |  |
| FORM   | First Named Inventor Jahangir S. Rastegar  |  | ot el.          |            |  |      |  |  |  |  |  |
| FORM   |  | Art Unit   |                 | 3723       |  |      |  |  |  |  |  |
|  |  | Examiner Name  |                 | Hadi Shake | ri   |      |  |  |  |  |  |
| (to be used for all correspondence after initial   | Attorney Docket  | Number   | 10002Z          |            |  |      |  |  |  |  |  |
| Total Number of Pages In This Submission 10  |  |  |                 |            |  |      |  |  |  |  |  |
| ENCLOSURES (Check all that apply)  After Allowance Communication to TC   |  |  |                 |            |  |      |  |  |  |  |  |
| Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts under 37 CFR 1.52 or 1.5 | Petition Petition to Convert Provisional Application Power of Attorney Change of Corres Terminal Disclaim Request for Refunct CD, Number of Ct | ensing-related Papers  Lition Lition to Convert to a positional Application wer of Attorney, Revocation ange of Correspondence Address rminal Disclaimer equest for Refund  D, Number of CD(s) |                 |            | Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below): Credit Card Payment Form PTO-2038 |      |  |  |  |  |  |
| SIGI   | VATURE   | OF APPLICAN  | IT, ATT         | ORNEY,     | OR AG  | ENT  |  |  |  |  |  |
| Firm Name Omnitek Partners LLC   |  |  |                 | <u> </u>   |  |      |  |  |  |  |  |
| Signature  |  |  |                 |            |  |      |  |  |  |  |  |
| Printed name Thomas Spinelli   |  | 0  |                 |            |  |      |  |  |  |  |  |
| Date March 31, 2005  |  |  |                 | Reg. No.   | 39,533   | 3    |  |  |  |  |  |
| CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on   |  |  |                 |            |  |      |  |  |  |  |  |
| the date shown below:  |  | 79   | <del>(</del> ), | <u> </u>   |  |      |  |  |  |  |  |
| 1  | nelli  | 2 3  | لكنو            | <u> </u>   |  | Date | March 31, 2005   |  |  |  |  |
| Typed or printed name Thomas Spir  |  |  |                 |            |  |      |  |  |  |  |  |

This collection of information is required by 37 CFR 1.5. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)
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| Effective on 12/08/2004.   |   |   | Complete if Known     |                |                   |                        |  |  |  |  |  |
|--|---|---|-----------------------|----------------|-------------------|------------------------|--|--|--|--|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  |   |   | Application Numb      | er 10/65       | 10/658,949        |                        |  |  |  |  |  |
| FEE TRA  | Filing Date   | Septe   | mber 10, 200          | 3              |                   |                        |  |  |  |  |  |
| For FY 2005  |   |   | First Named Inver     | ntor Jahar     | ngir S. Rasteg    | jar et al.,            |  |  |  |  |  |
|  |   |   | Examiner Name         | Hadi :         | Shakeri           |                        |  |  |  |  |  |
| Applicant claims small enti  | ity status.   | See 37 CFR 1.27                                   | Art Unit              | 3723           |                   |                        |  |  |  |  |  |
| TOTAL AMOUNT OF PAYMEN   | NT (\$)   | 60.00   | Attorney Docket       | lo. 1000       | 2Z                |                        |  |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)   |   |   |                       |                |                   |                        |  |  |  |  |  |
| Check Credit Card Money Order Other (please identify):   |   |   |                       |                |                   |                        |  |  |  |  |  |
| Deposit Account Depos  | Deposit Account Deposit Account Number: Deposit Account Name: |   |                       |                |                   |                        |  |  |  |  |  |
| For the above-identified   | deposit ac  | count, the Director is t                          | hereby authorized to: | (check all tha | at apply)         |                        |  |  |  |  |  |
| Charge fee(s) ind  | licated belo  | n <del>W</del>                                    | Charge                | fee(s) indica  | ated below, exc   | ept for the filing fee |  |  |  |  |  |
| Charge any addit   | tional fee(s  | or underpayments of                               | fee(s) Credit         | any overpayt   |                   |                        |  |  |  |  |  |
| under 37 CFR 1.  | 16 and 1.17<br>rm may bec                                     | r<br>ome public. Credit card                      | Information should no | t be included  | on this form. Pro | ovide credit card      |  |  |  |  |  |
| information and authorization on   | PTO-2038.   |   |                       |                |                   |                        |  |  |  |  |  |
| FEE CALCULATION  |   |   |                       |                |                   |                        |  |  |  |  |  |
| 1. BASIC FILING, SEARCI  | H, AND E  | XAMINATION FEE                                    | <b>S</b><br>ARCH FEES | EXAMINA'       | TION FEES         |                        |  |  |  |  |  |
|  | FILING FI   | all Entity  | Small Entity          | 9              | imali Entity      | Fees Paid (\$)         |  |  |  |  |  |
|  | Fee (\$)  | <u>Fee (\$)                                  </u> | (\$) Eee (\$)         | Fee (\$)       | Fee (\$)          | 10001010101            |  |  |  |  |  |
| Utility  | 300   | 150 50  |                       | 200            | 100               |                        |  |  |  |  |  |
| Design   | 200   | 100 10  |                       | 130            | 65                |                        |  |  |  |  |  |
| Plant  | 200   | 100 30  |                       | 160            | 80                |                        |  |  |  |  |  |
| Reissue  | 300   | 150 50  |                       | 600            | 300               |                        |  |  |  |  |  |
| Provisional  | 200   | 100   | 0 0                   | 0              | 0                 | Small Entity           |  |  |  |  |  |
| 2. EXCESS CLAIM FEES   |   |   |                       |                | Fee (\$)          | Foo (\$)               |  |  |  |  |  |
| Feet Description  Feet Description  Foot claim over 20 (including Reissues)  50 25   |   |   |                       |                |                   |                        |  |  |  |  |  |
| Each independent claim over 3 (including Reissues)   |   |   |                       |                |                   |                        |  |  |  |  |  |
| Multiple dependent clai  | 360<br>Multiple Or  | 180<br>ependent Claims                            |                       |                |                   |                        |  |  |  |  |  |
| Total Claims - 20 or HP =  | xtra Claim  | <u>s Fee (\$)</u><br>×=                           | Fee Paid (\$)         |                | Fee (\$)          | Fee Paid (\$)          |  |  |  |  |  |
| HP = highest number of total d   | aims paid for   | , if greater than 20.                             |                       |                |                   |                        |  |  |  |  |  |
|  | xtra Claim  | s <u>Fee (\$)</u><br>x= -                         | Fee Paid (\$)         |                |                   |                        |  |  |  |  |  |
| - 3 or HP = X  HP = highest number of independent claims paid for, if greater than 3.  |   |   |                       |                |                   |                        |  |  |  |  |  |
| 3. APPLICATION SIZE FEE  |   |   |                       |                |                   |                        |  |  |  |  |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  |   |   |                       |                |                   |                        |  |  |  |  |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1) and 7 U.S.C. 41 |   |   |                       |                |                   |                        |  |  |  |  |  |
| 4. OTHER FEE(S)  |   |   |                       |                |                   |                        |  |  |  |  |  |
| Non-English Specification, \$130 fee (no small entity discount)  |   |   |                       |                |                   |                        |  |  |  |  |  |
| Other (e.g., late filing surcharge): 1 Month Extension of Time Fee   |   |   |                       |                |                   |                        |  |  |  |  |  |
| SUBMITTED BY   |   |   |                       |                |                   |                        |  |  |  |  |  |
| Submitted BY Signature Registration No. 39,533 Telephone 631 807-9747  |   |   |                       |                |                   |                        |  |  |  |  |  |
| Nome (Print/Type) Thomas So  | Jacobi .  | 7   | T Irmeniotrigoni      |                | Date M            | larch 31, 2005         |  |  |  |  |  |

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